

Exhibit-B

## Sick Call Request

**Part A:** (To be completed by inmate/resident patient)Name (Print): Orin KristichDate: 1-7-2022Number: 90811051Date of Birth: 5-23-1980Work Assignment: N/AWork Hours: N/A Housing Assignment: AN-244

Reason for requesting Health Services Appointment (BE SPECIFIC): Because of my injury (dislocated shoulder/arm on 12-25-21.) I am still in pain after taking prednisone shots in the upper arm/shoulder and nerve pain in my forearm (on top) close to the hand/fist and elbow. Thank's.  
How long have you had this problem? Started on 12-25-21.

Inmate/Resident Patient Signature: Orin Kristich

↓ DO NOT WRITE BELOW THIS LINE ↓

**Part B:** (To be completed by Health Services Staff)Health Services Reply: \_\_\_\_\_  
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Health Services Signature: \_\_\_\_\_

Date: \_\_\_\_\_

White Copy: To Medical RecordsYellow Copy: To Inmate/Resident Patient

7/17/15

